SUPERVISOR'S CHECKLIST RESPIRATORY PROTECTION PLAN PROGRAM

| | RESPIRATORY PROTECTION PLAN PROGRAM |
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| CHECK | |
| | Has an exposure assessment (air sampling) been conducted prior to issuing an employee a |
| | respirator? If an exposure assessment has not been completed, environment should be |
| | considered IDLH and SCBA issued. |
| | Has the NIOSH Selection Guide been used to determine the proper respirator after the exposure |
| | assessment has been completed? |
| | Are respirators (includes dust masks) NIOSH certified? |
| | Has a cartridge/canister change-out schedule been developed for air-purifying respirators? |
| CHECK | MEDICAL EVALUATION |
| | Are employees completing the medical questionnaire on an annual basis and prior to fit testing? |
| | Do you have a copy of the recommendation from Occupational Health or delegate physician |
| | concerning the employee's ability to use a respirator? |
| | Do you know the signs and symptoms for respirator users that require a medical evaluation by |
| | Occupational Health or delegate physician? |
| | Do employees know what signs and symptoms that may affect their ability to wear a respirator that |
| | should be reported? |
| CHECK | |
| | Are employees fit tested on an annual basis(If employee wears a respirator for protection from |
| | lead, cadmium, or asbestos a fit test must be completed twice a year)? |
| | Is the employee wearing the respirator that they passed the fit test in (make and model)? |
| | Do you have a copy of the fit test record for each employee wearing a respirator? |
| CHECK | USE OF RESPIRATORS |
| | Are employees who use tight fitting respirators clean shaven when wearing their respirator? |
| | Are employees performing a positive and negative pressure seal check when the respirator is |
| | donned? |
| | Are employees washing their face when removing the respirator? |
| | Have employees been instructed to leave the working area if they detect a leak in the respirator? |
| | If atmosphere is IDLH, does the SCBA have a minimum service life of 30 minutes? |
| CHECK | • |
| | Are employees inspecting the respirator before and after each use? |
| | Are SCBA's also inspected on a monthly basis? Is the inspection documented? |
| | Are SCBA cylinders hydrostatically tested according to the manufacturer's recommendations? |
| | Are employees cleaning and disinfecting the respirator after use? |
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| | Are respirators stored away from sunlight, dust, extreme temperatures, excessive moisture, and/or damaging chemicals? |
| | Does SCBA breathing air meet the requirements of Grade D breathing air? |
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| | If a compressor is used to fill SCBA cylinders, has the air been tested by an AIHA accredited |
| | laboratory to meet the requirements of Grade D breathing air at least annually (Fire department |
| CHECK | must test quarterly)? |
| CHECK | |
| | Are filtering facepiece respirators NIOSH approved and either P, N, or R? |
| | Are cartridges and canisters NIOSH approved? |
| | Are employees educated on the color-coding of cartridges and canisters? |
| CHECK | TRAINING |
| | Do employees receive respirator training at least annually? |
| | Are training records maintained for three (3) years? |
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